

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

JACK REESE, FRANCES ELAINE
PIDDE, JAMES CICHANOFSKY, ROGER
MILLER, and GEORGE NOWLIN,

Plaintiffs,

v.

CNH GLOBAL N.V. and CNH AMERICA
LLC,

Defendants.

Case 2:04-cv-70592-PJD-PJK

Hon. Patrick J. Duggan, U.S.D.J.

Hon. Paul J. Komives, U.S. Mag. J.

**CNH'S RESPONSE TO
PLAINTIFFS' FIRST INTERROGATORIES**

CNH Global N.V. and CNH America LLC—referred to collectively as “CNH”—hereby respond to Plaintiffs’ First Interrogatories to Defendant. *See* Fed. R. Civ. P. 33(b).*

GENERAL OBJECTIONS

1. CNH objects to the interrogatories to the extent they exceed the limit that, “[u]nless otherwise stipulated or ordered by the court, a party may serve on any other party no more than 25 written interrogatories.” Fed. R. Civ. P. 33(a)(1). CNH asked Plaintiffs to identify the twenty-five interrogatories that they wanted CNH to answer, and Plaintiffs declined to do so. Having received no preference from Plaintiffs, CNH has answered Interrogatories 2, 10 through 31, 39, and 51.

2. CNH objects to the interrogatories to the extent that they seek information not “relevant to any party’s claim or defense.” *Id.* R. 26(b)(1).

* Plaintiffs did not specify the defendant to which they directed their interrogatories. (*See* Pls.’ 1st Interrs. Def. 1, 2.) In an abundance of caution, both CNH Global and CNH America have responded to the interrogatories.

3. CNH objects to the interrogatories to the extent that they are “unreasonably cumulative or duplicative” or seek information that “can be obtained from some other source that is more convenient, less burdensome, or less expensive.” *Id.* R. 26(b)(2)(C)(i).

4. CNH objects to the interrogatories to the extent that they seek information that Plaintiffs “ha[ve] had ample opportunity to obtain.” *Id.* R. 26(b)(2)(C)(ii).

5. CNH objects to the interrogatories to the extent that “the burden or expense of the proposed discovery outweighs its likely benefit, taking into account the needs of the case, the amount in controversy, the parties’ resources, the importance of the issues at stake in the litigation, and the importance of the proposed discovery in resolving the issues.” *Id.* R. 26(b)(2)(C)(iii).

6. CNH objects to the interrogatories to the extent that they seek information protected by the attorney–client privilege, attorney-work-product doctrine, or any other applicable statutory or common-law privilege or bar on disclosure. *See id.* R. 26(b)(1).

7. CNH objects to Plaintiffs’ definition of “describe” (Pls.’ 1st Interrs. Def. 3), because “the burden or expense” of responding to interrogatories using the term “outweighs [their] likely benefit, considering the needs of the case, the amount in controversy, the parties’ resources, the importance of the issues at stake in the action, and the importance of the [interrogatories] in resolving the issues.” Fed. R. Civ. P. 26(b)(2)(C)(iii). CNH will interpret “describe” to mean to give an account of in writing. *See American Heritage Dictionary* 490 (5th ed. 2011) (first definition).

8. CNH objects to Plaintiffs’ definition of “Company” (Pls.’ 1st Interrs. Def. 5), because “the burden or expense” of responding to interrogatories using the term “outweighs [their] likely benefit, considering the needs of the case, the amount in controversy, the parties’

resources, the importance of the issues at stake in the action, and the importance of the [interrogatories] in resolving the issues.” Fed. R. Civ. P. 26(b)(2)(C)(iii). CNH will interpret “Company” to mean, as appropriate, CNH Global N.V. or CNH America LLC.

ANSWERS

1. Identify the person(s) answering these Interrogatories.

ANSWER: CNH incorporates by reference its General Objections 1 and 3.

2. By Interrogatory, identify all persons consulted or relied upon for information to the answer.

ANSWER: CNH incorporates by reference its General Objection 5. Subject to this objection, CNH states that it consulted with and relied upon Towers Watson & Co.—which provides CNH with benefits-related services in the ordinary course of business—for information used to answer Interrogatories 10 through 31 and 51. CNH states further that the information used to answer Interrogatory 39 was provided by Karen Benson in CNH’s benefits department.

3. Identify each person the Company expects to testify and/or provide information in support of its claims or defenses, and state the subject matter about which the witness has knowledge.

ANSWER: CNH incorporates by reference its General Objections 1, 3, 5, and 8.

4. Identify each person the Company expects to use as an expert witness in this matter.

ANSWER: CNH incorporates by reference its General Objections 1, 3, 5, and 8.

5. State the name, address, date of birth, social security number, telephone number, date of retirement, type of retirement (e.g., disability, early, normal, survivor option) and gross pension benefit for every Class Member. As to each surviving spouse, state the deceased retiree’s name, date of birth and social security number.

ANSWER: CNH incorporates by reference its General Objections 1, 2, 3, and 5.

6. Has the monthly pension benefit of any Class Member been increased since that Class Member retired? If yes, state the most recent date that any Class Member received an increase in monthly pension benefits and, if it was pursuant to a collective bargaining agreement, the date of the collective bargaining agreement. As to each Class

Member who received such an increase in monthly pension benefits, state the amount of the monthly pension benefit before and after the increase.

ANSWER: CNH incorporates by reference its General Objections 1, 2, 3, and 5.

7. Has the monthly Special Age 65 Benefit of any Class Member been increased since that Class Member retired? If yes, state the most recent date that any Class Member received an increase in Special Age 65 Benefit and, if it was pursuant to a collective bargaining agreement, the date of the collective bargaining agreement. As to each Class Member who received such an increase in monthly Special Age 65 Benefit, state the amount of the monthly pension benefit before and after the increase.

ANSWER: CNH incorporates by reference its General Objections 1, 2, 3, and 5.

8. Is the monthly pension benefit of any Class Member scheduled to be increased in the future? If yes, state the date of the increase(s) and the amount of the increase(s), and if it is pursuant to a collective bargaining agreement, the date of the collective bargaining agreement.

ANSWER: CNH incorporates by reference its General Objections 1, 2, 3, and 5.

9. Is the monthly Special Age 65 benefit of any Class Member scheduled to be increased in the future? If yes, state the date of the increase(s) and the amount of the increase(s), and if it is pursuant to a collective bargaining agreement, the date of the collective bargaining agreement.

ANSWER: CNH incorporates by reference its General Objections 1, 2, 3, and 5.

10. State the actual cost to the Company for prescription drug benefits for Medicare-eligible 2005 Plan Participants under the 2005 Plan for (a) each participant and (b) all participants for the following plan years: 2008, 2009, 2010, 2011 and 2012.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, and 8. Subject to these objections, CNH states that the answer to the interrogatory is found in the worksheet titled, "CNH-UAW Retirees—Post-65 Prescription Drug Costs," which is located in Exhibit A.

11. State the actual cost to the Company for prescription drug benefits for non-Medicare-eligible 2005 Plan Participants under the 2005 Plan for (a) each participant and (b) all participants for the following Plan Years—2008, 2009, 2010, 2011, 2012.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, and 8. Subject to these objections, CNH states that the answer to the interrogatory is found in the worksheet titled, "CNH-UAW Retirees—Pre-65 Prescription Drug Costs," which is located in Exhibit A.

12. State the actual cost to the Company for medical benefits for Medicare-eligible 2005 Plan Participants under the 2005 Plan for (a) each participant and (b) all participants for the following Plan Years—2008, 2009, 2010, 2011, 2012.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, and 8. Subject to these objections, CNH states that the answer to the interrogatory is found in the worksheet titled, “CNH–UAW Retirees—Post-65 Medical Costs,” which is located in Exhibit A.

13. State the actual cost to the Company for medical benefits for non-Medicare-eligible 2005 Plan Participants under the 2005 Plan for (a) each participant and (b) all participants for the following Plan Years—2008, 2009, 2010, 2011, 2012.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, and 8. Subject to these objections, CNH states that the answer to the interrogatory is found in the worksheet titled, “CNH–UAW Retirees—Pre-65 Medical Costs,” which is located in Exhibit A.

14. Under the Proposed Plan, state the projected annual cost to the Company for medical benefits each non-Medicare eligible participant for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8. Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

15. Under the Proposed Plan, state the projected annual cost to the Company for medical benefits each Medicare eligible participant for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8. Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

16. Under the Proposed Plan, state the projected annual cost to the Company for prescription drug benefits each non-Medicare eligible participant for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8. Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

17. Under the Proposed Plan, state the projected annual cost to the Company for prescription drug benefits each Medicare eligible participant for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

18. Under the Proposed Plan, state the projected annual cost to each non-Medicare eligible participant for premium contributions for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

19. Under the Proposed Plan, state the projected annual cost to each Medicare-eligible participant for premium contributions for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

20. Under the Proposed Plan, state the projected annual cost to each non-Medicare-eligible participant for out of pocket medical expenses (e.g., deductibles, co pays and co insurance) for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

21. Under the Proposed Plan, state the projected annual cost to each Medicare-eligible participant for out of pocket medical expenses (e.g., deductibles, co pays and co insurance) for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

22. Under the Proposed Plan, state the projected annual cost to each non-Medicare-eligible participant for out of pocket prescription drug expenses for the following

plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

23. Under the Proposed Plan, state the projected annual cost to each Medicare-eligible participant for out of pocket prescription drug expenses for the following plan years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

24. Under the Current Plan, state the projected annual cost to the Company for medical benefits for each non-Medicare-eligible participant for the following Plan Years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

25. Under the Current Plan, state the projected annual cost to the Company for medical benefits for each Medicare-eligible participant for the following Plan Years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

26. Under the Current Plan, state the projected annual cost to the Company for prescription drug benefits for each non-Medicare-eligible participant for the following Plan Years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

27. Under the Current Plan, state the projected annual cost to the Company for prescription drug benefits for each Medicare-eligible participant for the following Plan Years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

28. Under the Current Plan, state the projected annual cost to each non-Medicare-eligible participant for out-of-pocket medical expenses (e.g., deductibles, co-pays and co-insurance) for the following Plan Years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

29. Under the Current Plan, state the projected annual cost to each Medicare-eligible participant for out-of-pocket medical expenses (e.g., deductibles, co-pays and co-insurance) for the following Plan Years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

30. Under the Current Plan, state the projected annual cost to each non-Medicare-eligible participant for out-of-pocket prescription drug expenses (e.g., deductibles, co-pays and co-insurance) for the following Plan Years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

31. Under the Current Plan, state the projected annual cost to each Medicare-eligible participant for out-of-pocket prescription drug expenses (e.g., deductibles, co-pays and co-insurance) for the following Plan Years: 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Describe how these projections were calculated.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, 7, and 8.

Subject to these objections, CNH states that the answer to the interrogatory is found in Exhibit B.

32. Identify each person on whose behalf the Company made contributions to the Retiree Medical Savings Account (RMSA). As to each such person, state the amount of contributions, by type (initial, vacation pay, on Medicare eligibility and training fund) and by year and state the account balance by plan year end and as of the date of the Company's answers to these Interrogatories.

ANSWER: CNH incorporates by reference its General Objections 1, 2, 3, 4, 5, and 8.

33. Will Proposed Plan Participants be entitled to Company contributions to a RMSA? If so, describe the terms of any such proposed RMSA and the Company's payments into the account.

ANSWER: CNH incorporates by reference its General Objections 1, 2, 3, 4, 5, 7, and 8.

34. Does the Company intend to ask the District Court to consider any factors other than those identified on pages 6 and 7 of the Sixth Circuit's September 13, 2012 Opinion? If the answer is yes, identify and describe any other factors the Company will ask the District Court to consider.

ANSWER: CNH incorporates by reference its General Objections 1, 5, 7, and 8. CNH further objects to the interrogatory as incomprehensible, because the Sixth Circuit identified no "factors" in its 2012 opinion. (It articulated questions that the district court should consider during the remand.)

35. Does the Company contend that there is any difference between the quality of care under the Current Plan and the Proposed Plan? If the answer is yes, describe the difference and identify any documents that support the Company's position.

ANSWER: CNH incorporates by reference its General Objections 1, 3, 4, 5, 7, and 8.

36. Does the Company intend to compare the Proposed Plan with the plans available to retirees and workers at companies similar to the Company? If so, identify all companies that the Company intends to assert are similar to the Company and, as to each, describe how the Proposed Plan compares to plans available to those companies. As to each such company, identify all documents that the Company intends to use to support that position.

ANSWER: CNH incorporates by reference its General Objections 1, 3, 4, 5, 7, and 8.

37. Does the Company contend that there are any "changes in health care" that are relevant to the issue before the District Court on remand? If the answer is yes, please describe these changes and identify each witness the Company intends to call at trial to support its contention.

ANSWER: CNH incorporates by reference its General Objections 1, 3, 4, 5, 7, and 8.

38. Other than the Proposed Plan, did the Company explore any other potential changes to the Current Plan that would generate savings to the Company with a lesser financial impact on Class Members such as an Employer Group Waiver Plan or mandatory mail order prescription drug or mandatory generic prescription drug? If the answer is yes, please describe each proposed change and why the Company rejected it.

ANSWER: CNH incorporates by reference its General Objections 1, 2, 4, 5, 6, 7, and 8.

39. Has medical or prescription drug coverage been terminated for any 2005 Plan Participant under the 2005 Plan since that plan was established? If the answer is yes, identify each such person and, as to each, state the date of the last premium payment, the date of the termination and describe and produce any correspondence relating to the termination.

ANSWER: CNH incorporates by reference its General Objections 2, 4, 5, and 7. CNH further objects that this interrogatory asks for personal information of individuals who are neither Plaintiffs nor members of the class they represent. Finally, CNH objects to Plaintiffs' improper attempt to use an interrogatory to request production of documents. Subject to these objections, CNH states that benefits for two UAW-represented participants in the 2005 UAW plan have been terminated for failure to pay the required premium payments.

Participant *A* suffered a long-term disability in September 2000 and became eligible for Medicare in March 2002. As of April 1, 2005, Participant *A* was required to make monthly premium payments. As of August 2005, however, no premium payments had been made, and CNH America sent Participant *A* correspondence warning of benefit termination. Participant *A* responded to the letter by asking to pay two months at a time until caught up, an offer CNH America accepted. As of November 2005, however, Participant *A* still had made no premium payments. Accordingly, CNH America terminated Participant *A*'s benefits effective April 1, 2005. Participant *A* retired in 2010 and receives only dental and vision coverages from CNH America.

Participant *B* suffered a long-term disability in June 2002 and became eligible for Medicare in December 2005. In May 2006, CNH America informed Participant *B* that no payments had been made for 2006 and warned of benefit termination. Two months later, in July 2006, the situation had not been resolved, and CNH America terminated Participant *B*'s benefits

effective January 1, 2006. Participant *B* retired later in 2006 and receives only dental and vision coverages from CNH America.

40. Under the Proposed Plan, does the Company propose to integrate any benefits it provides to the Class with benefits provided by any federal or state health security act providing for prescription drug benefits. If the answer is yes, a) identify the federal or state law; b) describe the benefits to be provided; and c) describe all efforts the Company has made to obtain and maintain any governmental approval that are required to permit the integration of those benefits.

ANSWER: CNH incorporates by reference its General Objections 1, 2, 4, 5, 7, and 8.

41. Identify the first pleading filed by the Company in this litigation in which the Company has asserted that the “National and State Health Insurance Initiatives” Letter of Understanding in the 1998 Group Benefit Plan is mentioned.

ANSWER: CNH incorporates by reference its General Objections 1, 2, 3, 4, 5, and 8.

42. Identify the first pleading filed by the Company in this litigation in which the Company has raised the “National and State Health Insurance Initiatives” Letter of Understanding in the 1998 Group Benefit Plan as a defense to Plaintiffs’ claims that the Company is obligated to provide them with health care benefits.

ANSWER: CNH incorporates by reference its General Objections 1, 2, 3, 4, 5, and 8.

43. Identify all documents that relate to the Company’s consideration of the “National and State Health Insurance Initiatives” Letter of Understanding in the 1998 Group Benefit Plan as a defense to Plaintiffs’ claims that the Company is obligated to provide them with health care benefits.

ANSWER: CNH incorporates by reference its General Objections 1, 2, 3, 4, 5, and 8.

44. Describe each method by which the Company manages the costs under the 2005 Plan to minimize the year-to-year increases as described in paragraph 9 of the Declaration of Sharif Amin dated June 30, 2010. As to each such method, identify the page and/or section number of the 2005 Plan where it appears.

ANSWER: CNH incorporates by reference its General Objections 1, 3, 4, 5, 7, and 8.

45. Identify each “former colleague at Aon Consulting” referred to in paragraph 27 of Mr. Macey’s Declaration of June 30, 2010 and describe each such persons’ participation in the review and evaluation referred to in Scott Macey’s Declaration.

ANSWER: CNH incorporates by reference its General Objections 1, 3, 4, 5, and 7.

46. Identify each retiree health care plan that was reviewed or evaluated as discussed in paragraphs 27, 28, 29 and 30 of Mr. Macey's June 30, 2010 Declaration and, by plan, identify and produce each document related to the review or evaluation.

ANSWER: CNH incorporates by reference its General Objections 1, 3, and 4. CNH further objects to Plaintiffs' improper attempt to use an interrogatory to request production of documents.

47. Describe the methodology used in determining the "relative value" of the plans reviewed by Aon Consultants and identify and produce all documents reviewed in making those determinations.

ANSWER: CNH incorporates by reference its General Objections 1, 3, 4, 5, and 7. CNH further objects to Plaintiffs' improper attempt to use an interrogatory to request production of documents.

48. Identify all documents the Company intends to use, either in summary judgment proceedings or at trial, to support its position that the benefits in the Proposed Plan are reasonable.

ANSWER: CNH incorporates by reference its General Objections 1, 3, 4, 5, and 8.

49. Describe each method by which the Company manages the costs under the Current Plan to minimize year-to-year increases in health care costs.

ANSWER: CNH incorporates by reference its General Objections 1, 3, 4, 5, 7, and 8.

50. Describe any subsidies, tax incentives, tax advantages or other benefits, including the Retiree Drug Subsidy and the Early Retiree Reinsurance Program Subsidy, the Company has received for providing benefits under the Current Plan or is eligible to receive if it continues to provide benefits under the Current Plan. State whether the Company would receive any similar subsidies or incentives for providing benefits under the Proposed Plan.

ANSWER: CNH incorporates by reference its General Objections 1, 2, 3, 4, 5, 7, and 8.

51. At what rate are the participants' out-of-pocket costs likely to grow under the Current Plan as compared to the out-of-pocket costs under the Proposed Plan?

ANSWER: CNH incorporates by reference its General Objection 4. Subject to this objection, CNH states that the answer to the interrogatory can be calculated from the data in Exhibit B.

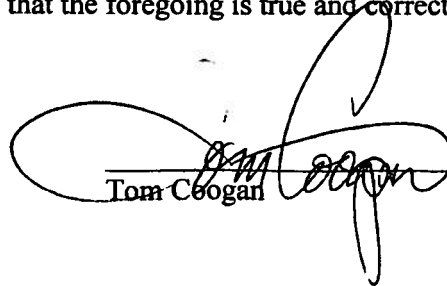
VERIFICATION

I, Tom Coogan, hereby state that:

I am the Director of Employee Benefits at CNH Global N.V., and I have read **CNH's Response to Plaintiffs' First Interrogatories**. The answers to the interrogatories are true and correct to the best of my knowledge and belief.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: April 18, 2013




Tom Coogan

Dated: April 18, 2013

Respectfully submitted,

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Attorneys for CNH Global N.V. and CNH America LLC

CERTIFICATE OF SERVICE

I hereby certify that **CNH's Response to Plaintiffs' First Interrogatories** was served on
April 18, 2013, by first-class mail, postage-prepaid, on:

Darcie R. Brault
David R. Radtke
Roger J. McClow
McKnight, McClow, Canzano, Smith & Radtke, P.C.
400 Galleria Officentre, Suite 117
Southfield, Michigan 48034



Laura J. Capotosto

EXHIBIT A

CNH - UAW Retirees - Post-65 Prescription Drug Costs**Interrogatory 10****Incurred Claims - Total \$**

Grandfathered	Enrollment	Allowed	COB	Patient Paid	Plan Paid	Plan %
2008	689					
2009	967	\$4,271,261	N/A	\$120,829	\$4,150,432	97.2%
2010	1,207	\$5,167,652	N/A	\$132,488	\$5,035,164	97.4%
2011	1,454	\$6,588,894	N/A	\$156,747	\$6,432,147	97.6%
2012	1,681	\$7,357,172	N/A	\$163,253	\$7,193,920	97.8%
Non-Grandfathered						
2008	34	N/A	N/A	N/A	N/A	N/A
2009	43	N/A	N/A	N/A	N/A	N/A
2010	49	N/A	N/A	N/A	N/A	N/A
2011	69	N/A	N/A	N/A	N/A	N/A
2012	96	N/A	N/A	N/A	N/A	N/A

Incurred Claims Per Adult Member

Grandfathered	Enrollment	Allowed	COB	Patient Paid	Plan Paid
2008	689				
2009	967	\$4,415	N/A	\$125	\$4,290
2010	1,207	\$4,282	N/A	\$110	\$4,172
2011	1,454	\$4,531	N/A	\$108	\$4,423
2012	1,681	\$4,377	N/A	\$97	\$4,280
Non-Grandfathered					
2008	34	N/A	N/A	N/A	N/A
2009	43	N/A	N/A	N/A	N/A
2010	49	N/A	N/A	N/A	N/A
2011	69	N/A	N/A	N/A	N/A
2012	96	N/A	N/A	N/A	N/A

¹ 2008 Rx costs not available² 2012 data is annualized based on paid data through November 2012.

CNH - UAW Retirees - Pre-65 Prescription Drug Costs**Interrogatory 11****Incurred Claims - Total \$**

Grandfathered	Enrollment	Allowed	COB	Patient Paid	Plan Paid	Plan %
2008	3,451					
2009	3,189	\$10,883,730	N/A	\$322,671	\$10,561,060	97.0%
2010	2,920	\$10,691,993	N/A	\$278,186	\$10,413,807	97.4%
2011	2,635	\$9,913,323	N/A	\$247,749	\$9,665,574	97.5%
2012	2,363	\$8,005,105	N/A	\$194,215	\$7,810,890	97.6%
Non-Grandfathered						
2008	205		COB	Patient Paid	Plan Paid	Plan %
2009	280	\$421,237	N/A	\$98,337	\$322,900	76.7%
2010	342	\$729,038	N/A	\$149,917	\$579,121	79.4%
2011	389	\$836,025	N/A	\$176,936	\$659,089	78.8%
2012	406	\$926,727	N/A	\$169,095	\$757,632	81.8%

Incurred Claims Per Adult Member

Grandfathered	Enrollment	Allowed	COB	Patient Paid	Plan Paid
2008	3,451				
2009	3,189	\$3,413	N/A	\$101	\$3,312
2010	2,920	\$3,662	N/A	\$95	\$3,567
2011	2,635	\$3,762	N/A	\$94	\$3,668
2012	2,363	\$3,388	N/A	\$82	\$3,306
Non-Grandfathered					
2008	205		COB	Patient Paid	Plan Paid
2009	280	\$1,504	N/A	\$351	\$1,153
2010	342	\$2,133	N/A	\$439	\$1,694
2011	389	\$2,149	N/A	\$455	\$1,694
2012	406	\$2,280	N/A	\$416	\$1,864

¹ 2008 Rx costs not available² 2012 data is annualized based on paid data through November 2012..

CNH - UAW Retirees - Post-65 Medical Costs**Interrogatory 12****Incurred Claims - Total \$**

Grandfathered	Enrollment	Allowed	COB	Patient Paid	Plan Paid	Plan %
2008	689	\$10,506,404	\$9,122,066	\$27,504	\$1,356,834	98.0%
2009	967	\$13,250,479	\$11,606,304	\$42,033	\$1,602,142	97.4%
2010	1,207	\$15,238,457	\$13,247,156	\$77,081	\$1,914,220	96.1%
2011	1,454	\$22,191,732	\$20,007,290	\$21,510	\$2,162,932	99.0%
2012	¹ 1,681	\$26,906,320	\$24,229,513	\$11,197	\$2,665,610	99.6%

Non-						
Grandfathered	Enrollment	Allowed	COB	Patient Paid	Plan Paid	Plan %
2008	34	\$139,031	\$83,791	\$3,244	\$51,996	94.1%
2009	43	\$130,724	\$114,341	\$4,684	\$11,699	71.4%
2010	49	\$205,386	\$170,533	\$9,621	\$25,232	72.4%
2011	69	\$604,003	\$556,254	\$6,339	\$41,411	86.7%
2012	¹ 96	\$551,395	\$504,246	\$2,608	\$44,541	94.5%

Incurred Claims Per Adult Member

Grandfathered	Enrollment	Allowed	COB	Patient Paid	Plan Paid
2008	689	\$15,255	\$13,245	\$40	\$1,970
2009	967	\$13,697	\$11,998	\$43	\$1,656
2010	1,207	\$12,626	\$10,976	\$64	\$1,586
2011	1,454	\$15,261	\$13,759	\$15	\$1,487
2012	¹ 1,681	\$16,009	\$14,416	\$7	\$1,586

Non-					
Grandfathered	Enrollment	Allowed	COB	Patient Paid	Plan Paid
2008	34	\$4,032	\$2,430	\$94	\$1,508
2009	43	\$3,016	\$2,638	\$108	\$270
2010	49	\$4,195	\$3,483	\$197	\$515
2011	69	\$8,812	\$8,116	\$92	\$604
2012	¹ 96	\$5,744	\$5,253	\$27	\$464

¹ 2012 data is annualized based on paid data through November 2012.

CNH - UAW Retirees - Pre-65 Medical Costs**Interrogatory 13****Incurred Claims - Total \$**

Grandfathered	Enrollment	Allowed	COB	Patient Paid	Plan Paid	Plan %
2008	3,451	\$27,550,556	\$3,292,935	\$230,051	\$24,027,570	99.1%
2009	3,189	\$27,743,986	\$3,794,429	\$234,878	\$23,714,680	99.0%
2010	2,920	\$27,486,960	\$3,554,157	\$219,284	\$23,713,519	99.1%
2011	2,635	\$24,613,200	\$4,252,790	\$202,688	\$20,157,722	99.0%
2012	¹ 2,363	\$21,567,896	\$3,162,824	\$172,020	\$18,233,052	99.1%
Non-						
Grandfathered	Enrollment	Allowed	COB	Patient Paid	Plan Paid	Plan %
2008	205	\$1,596,049	\$211,291	\$72,795	\$1,311,964	94.7%
2009	280	\$1,416,505	\$164,712	\$115,484	\$1,136,309	90.8%
2010	342	\$3,038,329	\$197,425	\$191,522	\$2,649,383	93.3%
2011	389	\$3,705,277	\$339,447	\$217,869	\$3,147,961	93.5%
2012	¹ 406	\$5,494,573	\$269,603	\$232,087	\$4,992,882	95.6%

Incurred Claims Per Adult Member

Grandfathered	Enrollment	Allowed	COB	Patient Paid	Plan Paid
2008	3,451	\$7,984	\$954	\$67	\$6,963
2009	3,189	\$8,699	\$1,190	\$74	\$7,436
2010	2,920	\$9,414	\$1,217	\$75	\$8,122
2011	2,635	\$9,340	\$1,614	\$77	\$7,649
2012	¹ 2,363	\$9,128	\$1,339	\$73	\$7,716
Non-					
Grandfathered	Enrollment	Allowed	COB	Patient Paid	Plan Paid
2008	205	\$7,786	\$1,031	\$355	\$6,400
2009	280	\$5,058	\$588	\$412	\$4,058
2010	342	\$8,888	\$578	\$560	\$7,750
2011	389	\$9,525	\$873	\$560	\$8,092
2012	¹ 406	\$13,521	\$663	\$571	\$12,286

¹ 2012 data is annualized based on paid data through November 2012.

EXHIBIT B

CNH
PRML - Reese Group
Future Expected Aggregate Payments
Privileged and Confidential Information

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Proposed Plan										
Medical Pre-65 (Item 14)	19,017,141	17,007,269	15,045,971	12,969,935	10,809,441	8,824,142	6,419,045	4,186,917	2,959,859	2,371,047
Medical Post-65 (Item 15)	2,576,386	2,967,041	3,343,566	3,710,969	4,077,862	4,458,252	4,817,731	5,145,671	5,340,600	5,456,866
Prescription Pre-65 (Item 16)	7,326,600	6,552,271	5,796,655	4,996,835	4,164,477	3,399,615	2,473,020	1,613,064	1,140,324	913,476
Prescription Post-65 (Item 17)	-	-	-	-	-	-	-	-	-	-
Premium Pre-65 (Item 18)	-	1,209,480	2,118,830	2,568,799	2,686,108	3,328,560	2,678,027	1,861,365	1,409,620	1,266,897
Premium Post-65 (Item 19)	-	132,023	291,757	467,136	671,249	887,565	1,125,461	1,380,054	1,620,015	1,856,280
Out-of-Pocket Medical Pre-65 (Item 20)	1,306,342	1,228,254	1,138,620	1,019,316	875,731	696,337	516,133	342,489	246,096	200,482
Out-of-Pocket Medical Post-65 (Item 21)	497,151	598,010	701,489	806,226	916,410	1,031,554	1,146,826	1,259,234	1,343,152	1,411,178
Out-of-Pocket Prescription Pre-65 (Item 22)	1,927,635	1,812,409	1,680,145	1,504,100	1,292,227	1,027,512	761,605	505,390	363,138	296,831
Out-of-Pocket Prescription Post-65 (Item 23)	3,814,942	4,468,917	5,093,120	5,686,825	6,278,785	6,872,573	7,427,731	7,918,179	8,450,849	8,856,046
Current Plan										
Medical Pre-65 (Item 24)	21,365,162	20,088,035	18,622,068	16,670,857	14,322,533	11,388,543	8,441,328	5,601,549	4,024,879	3,278,874
Medical Post-65 (Item 25)	3,035,644	3,651,636	4,283,729	4,923,475	5,596,649	6,300,008	7,004,183	7,690,848	8,203,636	8,619,421
Prescription Pre-65 (Item 26)	9,554,031	8,982,927	8,327,379	7,454,841	6,404,722	5,092,706	3,774,776	2,504,889	1,799,838	1,466,240
Prescription Post-65 (Item 27)	6,820,673	8,215,355	9,651,858	11,104,471	12,646,347	14,255,050	15,869,650	17,448,860	18,640,664	19,628,275
Out-of-Pocket Medical Pre-65 (Item 28)	206,025	193,710	179,573	160,758	138,113	109,820	81,400	54,016	38,812	31,618
Out-of-Pocket Medical Post-65 (Item 29)	60,796	73,133	85,792	98,605	112,087	126,173	140,276	154,028	164,298	172,625
Out-of-Pocket Prescription Pre-65 (Item 30)	257,348	241,965	224,307	200,804	172,518	137,177	101,678	67,472	48,481	39,495
Out-of-Pocket Prescription Post-65 (Item 31)	212,395	255,494	299,720	344,461	391,581	440,792	490,061	538,105	573,984	603,075

Methodology (Proposed and Current Plan Expected Payments)

- 1) Develop projected gross pre-65 and post-65 claims and Medicare Part D subsidies (for the current plan only) using December 31, 2012 retiree medical actuarial valuation assumptions and methodologies.
- 2) Develop excise taxes expected to be paid in 2013 - 2022 under Proposed Plan (for the Current Plan, assume for excise tax purposes pre-65 and post-65 benefits can be aggregated and treated as one plan, under this assumption there will not be excise tax payments before 2022).
- 3) Develop employee contributions under the proposed plan assuming that contributions are \$0 in 2013 and increase by 60% of the increase in claims each year following.
- 4) Develop percentages to apply to gross claims to estimate the portion of claims that are prescription drug claims versus medical claims.
Proposed Plan Pre-65 Medical/Rx split is 72.2%/27.8%, Proposed Plan Post-65 Medical/Rx split is 100.0%/0.0%, Current Plan Pre-65 Medical/Rx split is 69.1%/30.1%, Current Plan Post-65 Medical/Rx split is 26.8%/73.2%.
- 5) Develop percentages of costs that the medical and prescription drug plans covers. The costs that the plans to do not cover are the assumed out of pocket expenses for participants.
Proposed Plan Pre-65 OOP costs included in Medical/Rx are 93.6%/79.2%, Proposed Plan Post-65 OOP costs included in Medical/Rx are 98.0%/97.5%.
Current Plan Pre-65 OOP costs included in Medical/Rx are 99.0%/97.4%, Current Plan Post-65 OOP costs included in Medical/Rx are 98.0%/97.5%.
- 6) Apply the percentages developed in items 4 and 5 to the claims and excise taxes developed in items 1 and 2 as appropriate.

CNH
PRML - Reese Group
Future Expected Per Capita Payments
Privileged and Confidential Information

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Proposed Plan										
Medical Pre-65 (Item 14)	9,335	9,665	10,013	10,327	10,603	11,405	11,680	11,875	12,110	12,566
Medical Post-65 (Item 15)	1,300	1,340	1,380	1,419	1,460	1,499	1,540	1,583	1,629	1,681
Prescription Pre-65 (Item 16)	3,596	3,724	3,858	3,978	4,085	4,394	4,500	4,575	4,666	4,841
Prescription Post-65 (Item 17)	-	-	-	-	-	-	-	-	-	-
Premium Pre-65 (Item 18)	-	687	1,410	2,061	2,635	4,302	4,873	5,279	5,767	6,714
Premium Post-65 (Item 19)	-	60	120	179	240	298	360	425	494	572
Out-of-Pocket Medical Pre-65 (Item 20)	641	698	758	812	859	900	939	971	1,007	1,063
Out-of-Pocket Medical Post-65 (Item 21)	251	270	290	308	328	347	366	387	410	435
Out-of-Pocket Prescription Pre-65 (Item 22)	946	1,030	1,118	1,198	1,268	1,328	1,386	1,433	1,486	1,568
Out-of-Pocket Prescription Post-65 (Item 23)	1,925	2,018	2,102	2,174	2,248	2,310	2,374	2,436	2,578	2,728
Current Plan										
Medical Pre-65 (Item 24)	10,487	11,416	12,393	13,273	14,048	14,720	15,359	15,888	16,468	17,377
Medical Post-65 (Item 25)	1,532	1,649	1,768	1,883	2,004	2,118	2,238	2,366	2,503	2,655
Prescription Pre-65 (Item 26)	4,690	5,105	5,542	5,936	6,282	6,582	6,868	7,105	7,364	7,771
Prescription Post-65 (Item 27)	3,441	3,709	3,984	4,246	4,528	4,792	5,071	5,367	5,687	6,046
Out-of-Pocket Medical Pre-65 (Item 28)	101	110	120	128	135	142	148	153	159	168
Out-of-Pocket Medical Post-65 (Item 29)	31	33	35	38	40	42	45	47	50	53
Out-of-Pocket Prescription Pre-65 (Item 30)	126	138	149	160	169	177	185	191	198	209
Out-of-Pocket Prescription Post-65 (Item 31)	107	115	124	132	140	148	157	166	175	186

Methodology (Proposed and Current Plan Expected Payments)

- 1) Develop projected gross pre-65 and post-65 claims and Medicare Part D subsidies (for the current plan only) using December 31, 2012 retiree medical actuarial valuation assumptions and methodologies.
- 2) Develop excise taxes expected to be paid in 2013 - 2022 under Proposed Plan (F for the Current Plan, assume for excise tax purposes pre-65 and post-65 benefits can be aggregated and treated as one plan, under this assumption there will not be excise tax payments before 2022).
- 3) Develop employee contributions under the proposed plan assuming that contributions are \$0 in 2013 and increase by 60% of the increase in claims each year following.
- 4) Develop percentages to apply to gross claims to estimate the portion of claims that are prescription drug claims versus medical claims.
Proposed Plan Pre-65 Medical/Rx split is 72.2%/27.8%, Proposed Plan Post-65 Medical/Rx split is 100.0%/0.0%, Current Plan Pre-65 Medical/Rx split is 69.1%/30.1%, Current Plan Post-65 Medical/Rx split is 26.8%/73.2%.
- 5) Develop percentages of costs that the medical and prescription drug plans covers. The costs that the plans to do not cover are the assumed out of pocket expenses for participants.
Proposed Plan Pre-65 OOP costs included in Medical/Rx are 93.6%/79.2%, Proposed Plan Post-65 OOP costs included in Medical is 83.8%,
Current Plan Pre-65 OOP costs included in Medical/Rx are 99.0%/97.4%, Current Plan Post-65 OOP costs included in Medical/Rx are 98.0%/97.5%.
- 6) Apply the percentages developed in items 4 and 5 to the claims and excise taxes developed in items 1 and 2 as appropriate.